

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

O. Priningerial Control of the Contr	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	///2/ Ending Date: 3/26/2/
Type of Report: (Check one)	
	30 day after election year-end report dissolution
Michael E O'Brien Candidate Full Name (if applicable) Needham School Committee Office Sought and District Needham Residential Address E-mail: Meobien 2001/ehotmail. Com Phone # (optional): 6/7-4/07-4/825	Committee Name Lional Desirosies Name of Committee Treasurer MA Committee Mailing Address E-mail: Yotemichael Obrien@amail.com Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	600,00
Line 3: Subtotal (line 1 plus line 2)	600,00
Line 4: Total expenditures this period (page 5, line	1443.24
Line 5: Ending Balance (line 3 minus line 4)	-843.24
Line 6: Total in-kind contributions this period (pag	ige 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co finance activity of all persons acting under the authority or on behalf of this committee in activity of the persons acting under the authority or on behalf of this committee in activity or on behalf of this committee.	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting p Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this committee.	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report. best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 55.
///// hu // ///	Date: ///d/

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar ear. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the ccupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to eport all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/3/21	Sean Hurley 226 Mystic Valley Pkmy Winchester, MA 01890	250.00	Chief of Staff- Malden Catholic High School
3/4/21	April Cranford 4/3 Newell Ave Newton MA 02492	75.00	
3/19/21	Timothy Curkery 199 Fair Ochs Park NeedhanMA 02492	100,00	
3/26/21	Doniel Mothers 280 Hillside Newe Needhan, MA 02492.	100,00	
	_		
ine 9: Total Rece	ipts over \$50 (or listed above)	\$52500	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	7500	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	60000	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep stailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, om committee records, and reported on line 13.

A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to port all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
	FastSigns	15 Keeney Ad Needham, MA 494	Signs	\$26000		
	Signs on the Chap	11525AStrichollow Soite 100 Austin, TX 78758	Signs	\$627.15		
	Signs on the Cheop	11505 A Stunchollon Suite 100 Drive Arstin, TX 78758	lawn signs	\$376.82		
	Zoom Video Communications Inc.	55 Almoston Blvd Sen 505c, CA 95/13	700m	\$159,27		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	\$1,443,29		
		Line 13: Total Expenditures \$50	and under* (not listed above)			
	Enter on page 1, line 4 > Line 14: TOTAL EXPENDITURES IN THE PERIOD \$/, 443.39					

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized bove.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	60000	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Z SEPOSO SE EMPORATOR	Timount
v.				
		Line 12: Expenditures over \$50	(or listed above)	\$1443.2
		Line 13: Expenditures \$50 and u	nder* (not listed above)	_
	37 / 3 3 3 3 3 3 3 3 3 3			Ludio -
		Line 14: TOTAL EXPENDITU	ould include only those expenditure	\$1443.0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

'lease itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be dded together from the committee's records and included in line 16 on page 1.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value	
				-	
		Line 15: In-Kind Contributions	over \$50 (or listed above)		
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address f the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as we as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	=			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	-

Invoice:

310 62506

FASTSIGNS

Email:

15 Kearney Road -NEW ADDRESS !!!

Needham, MA 02494 Phone (781) 444-4889 (781) 444-8577 Fax. 310@fastsigns.com

Salesperson: 310@fastsigns.com

Customer:

O'Brien, Michael

ph:

(617) 407-4825

Contact:

Clerk:

Michael O'Brien

Description:

(20x) Single Side CORO Yard Sign, NO H Frames

Sales Person:

Timothy Parker Timothy Parker

Email: meobrien2001@hotmail.com

Product Qty Sides HxW **Unit Cost** Item Total Coroplast 18x24 1 or2/s w/stake -all same artw 1 1 18 x 24 20 \$13.00 \$260.00

Description:

Yard signs, NO H Frame 1 SIDE

Text: See client file

Other Payments: Form of Payment / Amount / Initials Shipping Notes:

Ordered: Due: Printed:

3/12/2021 4:09:49PM 3/15/2021 4:30:00PM 3/16/2021 11:55:07AM

Line Item Total: \$260.00 Subtotal: \$260.00 Taxes: \$16.25 Total: \$276.25 **Total Payments:** \$0.00 Balance Due: \$276.25

Notes:

ATTN: Michael O'Brien O'Brien, Michael 1600 Great Plain Avenue Needham, MA 02492

Payment is due upon completion. Overdue balances are assesed finance charges at 1.5%/month plus collection fees.

Received/Accepted By:

Design Your Sign

Buy Wire Stakes

Pricina

Help

Your Order Number 77932289 Has Shipped!

If you ordered multiple items, you may receive separate shipments with no additional shipping charge. You will receive a separate email for each shipment.

Check on your shipping status here: FedEx Website

Shipping Information

Order Date: 2/17/2021

Order ID: 77932289

Package Ref ID: b80689876

Shipping Method:

FedEx

Ship To:

MICHAEL E O'BRIEN 1600 GREAT PLAIN AVE NEEDHAM, MA, 02492-1210

United States

Your order should arrive by:

3/3/2021

Billing Information

Bill To:

MICHAEL E O'BRIEN 1600 GREAT PLAIN AVE NEEDHAM, MA, 02492

United States

Visa: XXXXXXXXXXXX8090

Summary of Charges:

Subtotal: \$880.80

Promotions: (\$484.44) Shipping: \$193.90

Tax: \$36.89

Contact Info:

meobrien2001@hotmail.com

617-407-4825

Total:

\$627.15

Contents of This Shipment

Oty Picture

Description

Size

Material

120



Custom Sign

Sign ID: 878704435

18" x 24"

Corrugated Plastic

Shipping Separately (You may have already received some or all of the items below.)

120

24"h x 10"w Wire Stake Sign ID: product

Questions or concerns? Contact us at: service@signsonthecheap.com or 1-866-661-9239

This email was sent by: **SignsOnTheCheap.com** 11525A Stonehollow Dr., Suite 100 Austin, TX, 78758, USA

Help

Thank you for ordering from SignsOnTheCheap.com! Your Order Number is 77972525

Make sure to print out this page or write down your order number for your records. Here is a summary of the order you placed on 3/15/2021:

Billing & Shipping Information

Bill To:

MICHAEL E OBRIEN 1600 GREAT PLAIN AVE NEEDHAM, MA, 02492 United States

Contact Info:

meobrien2001@hotmail.com 617-407-4825

Ship To:

MICHAEL E OBRIEN 1600 GREAT PLAIN AVE NEEDHAM, MA, 02492-1210 United States

Shipping Method:

Ground

Your order should arrive by: 3/24/2021

Order Item Information

Item Description	Material	Size	Unit Price	Qty	Total
O'RRIEN	Corrugated Plastic	18" x 24"	\$6.61	60	\$396.60
SCHOOL COMMITTEE	Sides: Double Sided				
Custom Sign (ID: 879106186)					
Annual Control of the	Sides:		\$2.47	60	\$148.20
24"h x 10"w Wire Stake					

Payment Status:

Complete

Visa: XXXXXXXXXXXXX8090

This email is your receipt, so please print out a copy for your records. We'll email you a shipping notification as soon as your order is carefully packaged and on its way. If necessary, we'll send you additional shipping updates about your order.

Summary of Charges:

 Subtotal:
 \$544.80

 Promotion:
 (\$299.64)

 Shipping:
 \$128.32

Tax: \$23.34

Total: \$396.82

Questions or concerns? Contact us at: service@signsonthecheap.com or 1-866-661-9239

This email was sent by: **SignsOnTheCheap.com** 11525A Stonehollow Dr., Suite 100 Austin, TX, 78758, USA



Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

Invoice Date: 03/15/2021

Due Date:

Invoice #: INV74457937 Payment Terms: Due Upon Receipt 03/15/2021 3016776673

Account Number: Currency: Account Information:

Michael O'Brien 1600 GREAT PLAIN AVE,

NEEDHAM, Massachusetts 02492

United States

USD

meobrien2001@hotmail.com

Remittance Details should be sent to:

Finance@zoom.us

Purchase Order Number:

Tax Exempt Certificate ID:

Zoom W-9

	CHARGE DETAILS			
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Annual Quantity: 1 Unit Price: \$149.90	03/15/2021-03/14/2022	\$149.90	\$9.37	\$ 159.27

	INVOICE TOTALS
\$149.90	Subtotal:
\$159.27	Total (Including Tax):
\$0.00	Invoice Balance:

	TAX DETAILS			
Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
Standard Pro Annual	Sales Tax	State	\$149.90	\$9.37
			Total Tax	\$9.37

TRANSACTIONS				
			Invoice Total	\$159.27
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount